

## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>06-JUN-2014</b>		TIME <b>23:23:00</b>		2. ADDRESS OF OCCURRENCE <b>9301 S WALLACE ST CHICAGO, IL 60620</b>		3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>2223</b>											
MEMBER INVOLVED	5. POSITION <b>9161</b>		6. LAST NAME <b>SIMMONS</b>		7. FIRST NAME <b>LADONNA F</b>		8. STAR NO. <b>13466</b>		9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		10. RACE CODE <b>BLK</b>		11. AGE <b>[REDACTED]</b>		12. HT. <b>505</b>		13. WT. <b>133</b>		
	14. DATE OF APPT. <b>31-OCT-2005</b>		15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>312 6728G</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No								
	20. LAST NAME <b>SHABAZZ</b>		21. FIRST NAME <b>MALIK</b>		22. M.I. <b>[REDACTED]</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. <b>[REDACTED]</b>		26. HT. <b>506</b>		27. WT. <b>230</b>				
SUBJECT INFORMATION	28. ADDRESS <b>[REDACTED]</b>		29. TELEPHONE NO. <b>[REDACTED]</b>		30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No										
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>CHRIST</b>		34. BY WHOM? <b>[REDACTED]</b>		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 05 Refused Medical Aid														
	36. CHARGES PLACED <b>***** PLEASE SEE NEXT PAGE *****</b>		37. CB NO. <b>18909736</b>		IR NO. <b>[REDACTED]</b>														
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE								
	SUBJECT'S ACTIONS		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>								
	MEMBER'S RESPONSE		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>								
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/>										
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER <input type="checkbox"/>										
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>												
CASE INFO.	WHISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>																
	ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>																
	PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>																
SIGNATURES	CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>																
	OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>																
	OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>																
40. ADDITIONAL INFORMATION <b>THE NUMBER OF ROUNDS DISCHARGED BY THE OFFICERS IS AN ESTIMATE. THE ACTUAL NUMBER OF FIRED ROUNDS WILL BE DETERMINED BY THE FORENSIC SERVICES SECTION UPON INSPECTION OF THE OFFICER'S WEAPON. THE OFFENDER'S WEAPON IS A 9MM SEMIAUTOMATIC HANDGUN.</b>																			
41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>													
45. MAKE/MANUFACTURER <b>SIG S. I. G./SWISS INDUSTRIAL GESELLSCHAFT - SZ-</b>		46. MODEL <b>P226</b>		47. BARREL LENGTH <b>4.4</b>		48. CALIBER/GAUGE <b>9 MM</b>													
49. TASER DART ID NO. <b>[REDACTED]</b>		50. WEAPON SERIAL No. (Include Letters) <b>U714191</b>		51. CHICAGO GUN REG. NO. <b>636011</b>		52. IL FIREARM OWNER ID. NO. <b>[REDACTED]</b>		53. HANDGUN CERTIFICATE NO. <b>[REDACTED]</b>											
54. SPECIAL WEAPON CERTIFICATE NO. <b>[REDACTED]</b>		55. PROPERTY INVENTORY NO. <b>[REDACTED]</b>		56. TYPE OF AMMUNITION USED <b>Department Issued</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>7</b>											
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED <b>0</b>		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)													
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO															
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>DEPARTMENT VEHICLE</b>		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.																	
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input checked="" type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																	
70. EVENT NO. <b>1415719305</b>																			
71. R.D. NO. <b>HX293212</b>																			
72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																			
73. REPORTING MEMBER (Print Name) <b>SIMMONS, LADONNA F</b>		STAR/EMPLOYEE NO. <b>13466</b>		SIGNATURE <b>[REDACTED]</b>															
74. REVIEWING SUPERVISOR (Print Name) <b>DARLIN, RANDALL L</b>		STAR NO. <b>199</b>		SIGNATURE <b>[REDACTED]</b>		DATE REVIEWED <b>07-JUN-2014 08:23:39</b>		TIME <b>[REDACTED]</b>											

SUBJECT  
INFORMATION

36. CHARGES PLACED

☐ DNA

720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS  
5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-  
16, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16, 720  
ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4

Log# 1069657

Attachment# 10

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Subject related that [REDACTED] were stopped by police [REDACTED] related that [REDACTED] knew they were police because the truck had "M" plates and they had their emergency lights on. [REDACTED] related that all of a sudden, all this gunfire started and that [REDACTED] tried to get down. When asked why [REDACTED] was shooting, [REDACTED] responded, "I don't know why."

### 76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on what information is known at this time, a preliminary determination has been made that the discharges by P.O. Ladonna Simmons fall within department guidelines in that Officer Simmons, while in fear of being shot while facing live gunfire from an armed assailant who just shot another police officer, fired her weapon at the offender in order to end the threat to her life and the life of her fellow officers at the scene.

### 77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1069651 OBTAINED

### 78. WATCH COMMANDER/OCIC (Print Name)

**VELEZ, CARLOS E**

SIGNATURE

DATE COMPLETED

TIME

**07-JUN-2014 10:37:31**

### 79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

### ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

### 80. TOTAL TRR'S THIS EVENT No.

**4**

Log# 1069651

Attachment# 10